HTE#	

Authorized State Agenty

## Harnett County Department of Public Health

**Improvement Permit** 

26348

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: ISSUED TO: NOISIVIGAUS NEW [ REPAIR [ EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: \_ Projected Daily Flow: Number of Occupants: \_\_\_\_\_max Number of bedrooms: Basement Yes □ No Pump Required: Tes ☐ No ☐ May be required based on final location and elevations of facilities Type of Water Supply: 
Community Public Well Distance from well feet Permit valid for: ☐ Five years Permit conditions: ☐ No expiration The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. Construction Authorization (Required for Building Permit) The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout. ISSUED TO: Steve Murphy PROPERTY LOCATION: 1017405421 SUBDIVISION Facility Type: SFD ☐ Expansion Basement? Yes No Basement Fixtures? Yes ☐ No Type of Wastewater System\*\* (Initial) Wastewater Flow: GPD (See note below, if applicable 

) 25% Reduction System (Repair) Installation Requirements/Conditions Number of trenches \_\_\_\_/ Septic Tank Size Existing gallons
Pump Tank Size gallons Exact length of each trench Aprix 200 feet Trench Spacing: 9 Feet on Center Trenches shall be installed on contour at a Soil Cover: 12 Maximum Trench Depth of: 24 (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ft. TDH vs. inches below pipe Conditions: If any existing drain lines are found while inches above pipe installing this permit area should be avoided + install permit with pump inches above pipe WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIFI D AREA \*\*If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

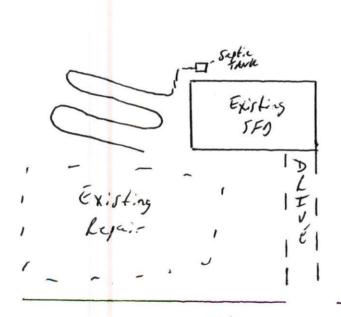
Construction Authorization Expiration Date: 57

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Permit # 26348

## Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON:_	10174	US 421		
ISSUED TO: Steve Murphy	SUBDIVISION			LOT #	
Authorized State Agent: Buy Mining REHS		Da	te: 5/2/2011		



HTE#	Harnott County	Danartmant of E	Dublic Usaldh	
nic#	1 1	Department of F	ublic nealth	26349
		<u>provement Permit</u>		20349
	A building permit can	not be issued with only an Improv	rement Permit	
ICCUED TO		PROPERTY LOCATION:		
ISSUED TO:REPAIR □	EXPANSION	SUBDIVISION		LOT #
		Site Improvemen	nts required prior to Construction Author	orization Issuance:
Type of Structure: Proposed Wastewater System Type:		-		
Projected Daily Flow: G	PD	-		
Number of bedrooms: Numb	er of Occupants:	max		
Basement ☐ Yes ☐ No				
Pump Required: ☐Yes ☐ No ☐ M	ay be required based on final l	ocation and elevations of facilities		
Type of Water Supply:   Community	Public   Well Distan	ce from well fee	t Permit valid for	☐ Five years
Permit conditions:				☐ No expiration
Authorized State Agents				
Authorized State Agent:: The issuance of this permit by the Health Department in military to reversition if the city when the property is the city when the property is a state of the city of the cit	n way guarantees the issuance of other	Date: Date:	SEE AT	TACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the if	itended use changes. The improvement	Permit shall not be affected by a change i	for checking with appropriate governing bodies in in ownership of the site. This permit is subject to	n meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and	to conditions of this permit.			compliance with the provisions of
	-			
	Constr	<u>uction Authorization</u>	<u>]</u>	
	(Req	uired for Building Permit)		
The construction and installation requirements of Rules .199 with the attached system layout.	50, .1952, .1954, .1955, .1956, .1957,	.1958. and .1959 are incorporated by refe	erences into this permit and shall be met. System	s shall be installed in accordance
with the attached system layout.				
ISSUED TO: Steve Murph	Y	PROPERTY LOCATION:	10174 US421	
	1	SUBDIVISION		IOT #
Facility Type:	□ New	☐ Expansion Re	pair	LUI #
		□ No	Pan	
Type of Wastewater System**			(Initial) Wastewater Flow:	CDD
(See note below, if applicable			(initial) Wastewater 110W.	GFD
Punp	to 25 To Reduce	-ien Surken (Renair)		
Installation Requirements/Conditions	Number of trench	es 6		
Septic Tank Size Existing gallons	Exact length of e	ach trench 75 fee	et Trench Spacing: 9	Foot on Contac
Pump Tank Size 1000 gallons	Trenches shall be	installed on contour at a	et Trench Spacing:9	inches min

conditions: Pits must be dug in area of drain lines to determine depth of ditcher	Aggregate Depth: inches above p
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR I NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	REPAIR AREA.
**If applicable: I understand the system type specified is different from the type specified on the application.	. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not it	be transferred when there is a change in ownership of the cite. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditi	ions of this permit.  SEE ATTACHED SITE SKETCH
Authorized State Agent: Date: Construction Authorization Expiration D	-//

in all directions)

Pump Requirements:

\_\_\_\_ft. TDH vs.

(Maximum soil cover shall not exceed 36" above the trench bottom)

inches below pipe

inches above pipe

HTE# Attempt to Repair

Permit # 26349

## Harnett County Department of Public Health Site Sketch

C1 40 /	PROPERTY LOCATON:	10174	W 421	
ISSUED TO: Steve Murphy	SUBDIVISION			LOT #
Authorized State Agent: Sun Muci, REI	W.	Date	5/3/2011	

\* Drain field should not be parked or driven on

